

STATE OF HAWAII

Accounting Manual

Volume III: Payroll Expenditures

Part 700: Appendix - Instructions and Related Sample Forms

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SECTION 749: INSTRUCTIONS FOR COMPLETING U. S. SAVINGS BONDS
PAYROLL SAVINGS AUTHORIZATION, FEDERAL SBD FORM

1. Purpose. To report the following savings bond transactions:
 - (a) New enrollments.
 - (b) Cancellations to savings bond assignments.
 - (c) Request for refund of savings bond deduction balances.
2. Prepared By. The employee with assistance from his department's personnel office.
3. Frequency. Daily, as required.
4. Distribution.
 - (a) Federal SBD Forms are sent to Central Payroll, DAGS, on a daily basis but no later than 4:00 p.m. of the first work day of the pay period if computer action is to be taken during the current payroll period.
 - (b) The forms are reviewed and pre-audited by Central Payroll; sent to the data processing center; and returned to Central Payroll for verification and control filing.
5. Submission Rules.
 - (a) If there are more than one bond inscription to be reported for a new enrollment, the inscriptions should be reported on separate cards numbered on the top right corner of the form, below the DEPT. CODE field. (Example: 1 of 3, 2 of 3, and 3 of 3.)
 - (b) The maximum number of bonds that can be purchased in one month is nine per employee.
 - (c) The bond denomination must be the same even if the employee purchases more than one bond.
 - (d) The maximum number of bond inscriptions is nine per employee.

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| ITEM NO. | DATA AND DATA INSTRUCTIONS |
|----------|---|
| ① | SOCIAL SECURITY NUMBER - Enter the employee's social security number. |
| ② | LAST NAME, FIRST NAME, MIDDLE INITIAL - Print or type employee's name (last name first, first name, and middle initial). |
| ③ | DEPT. CODE - Enter the department alpha code. |
| ④ | <p>If there are more than one bond inscription to be reported for a new enrollment, the inscriptions should be reported on separate cards numbered on the top right corner of the form, below the DEPT. CODE field.</p> <p>Example: 1 of 3, 2 of 3, and 3 of 3.</p> |
| ⑤ | DEPARTMENT - Enter the title of the department in which the employee is employed. |
| ⑥ | <p>set apart \$ _____ from my pay... - Enter one of the following:</p> <ol style="list-style-type: none"> 1. If payroll deduction is desired, enter the monthly amount to be deducted. When more than one inscription is involved, enter the aggregate monthly total on the first card only, and attach it to the other inscription cards. 2. If cancellation is desired, enter the word "CANCEL" and ignore Items ⑧ through ⑭. 3. If refund of bond deduction balance is desired, enter the word "REFUND" and ignore Items ⑧ through ⑭. |
| ⑦ | <p>beginning ____ 19 ____ - Enter one of the following dates:</p> <ol style="list-style-type: none"> 1. <u>Bond Assignments</u>: Enter the month, day, and year (in six digits) in which this assignment is to take effect. Any date recorded from the 1st to 15th of a month will indicate that deduction is to begin in the first half payroll period of the month. 2. <u>Bond Cancellation or Refund</u>: Enter the month, day, and year (in six digits) in which the cancellation or refund is to take effect. |

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| ITEM NO. | DATA AND DATA INSTRUCTIONS |
|----------|---|
| ⑧ | <input type="checkbox"/> \$75 Bond <input type="checkbox"/> \$100 Bond <input type="checkbox"/> \$200 Bond <input type="checkbox"/> _____ (Other Denomination Bond) |
| | - Check (✓) the appropriate box for the bond denomination desired. If bond denomination desired is not assigned to specific box, check box indicated "(Other Denomination)" and enter one of the bond denominations shown on right side of bracket. |
| ⑨ | OWNER - Print the bond owner's name in the following sequence: First name, middle initial, last name. |
| ⑩ | _____ (SOCIAL SECURITY NO.) |
| | - Enter the owner's social security number. This is a federal requirement; the social security number must be entered for this form to be accepted. |
| ⑪ | ADDRESS _____ |
| | - Enter the bond owner's address. |
| ⑫ | CO-OWNER <input type="checkbox"/> OR BENEFICIARY <input type="checkbox"/> |
| | - If the employee-purchaser of the bond desires a Co-owner or Beneficiary, check (✓) the appropriate box. If a co-owner or beneficiary is not desired, write in the name space in Item ⑬ "(single ownership only)". |
| ⑬ | _____ (First) |
| | - Enter the name of the Co-owner or Beneficiary in the following sequence: First name, middle initial, last name. A woman must use her first name rather than her husband's first name. |
| | Example: Edwina L. Jones |
| ⑭ | _____ (SOCIAL SECURITY NO.) |
| | - Enter the co-owner's or beneficiary's social security number. This is not an absolute requirement, but the social security number is preferred, if available. |
| ⑮ | _____ DATE SIGNATURE OF EMPLOYEE-PURCHASER |
| | - Dated and signed by employee authorizing payroll deduction. |

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EXHIBIT A: SAMPLE FORM KEYED TO INSTRUCTIONS FOR FEDERAL SBD FORM

1 SOCIAL SECURITY NUMBER 2 LAST NAME, FIRST NAME, MIDDLE INITIAL 3 DEPT. CODE

4 I hereby authorize my employer, 5 DEPARTMENT 6 MONTH 7 19___. When these withholdings equal the cost of the Bond I check here, have Bond issued registered as shown below.

8 ☐ \$75 Bond Cost \$37.50 ☐ \$100 Bond Cost \$50.00 ☐ \$200 Bond Cost \$100.00 ☐ Other Denomination Bond

9 OWNER 10 [] [] [] - [] [] [] [] (Social Security No. - See NOTE)

11 Address [] [] [] [] [] [] [] [] (Street) [] [] [] [] [] [] [] [] (City) [] [] [] [] [] [] [] [] (State) [] [] [] [] [] [] [] [] (Zip)

12 CO-OWNER ☐ OR BENEFICIARY ☐ (Check only one, if either is desired)

13 14 [] [] [] [] - [] [] [] [] (Social Security No.)

This authorization will continue in effect until I advise you to change or cancel it.

(Date) (Signature of employee purchaser)

SBD-1350

U.S. SAVINGS BONDS PAYROLL SAVINGS AUTHORIZATION

NECC/HP-28807-1

CANVASSER'S REPORT

(Check one and fill in blanks where appropriate)

☐ NEW ENROLLMENT. AMOUNT OF SAVINGS \$ _____ EACH MONTH

☐ INCREASE IN PRESENT SAVINGS FROM \$ _____ TO \$ _____

☐ CURRENTLY ENROLLED. NO CHANGE IN AMOUNT OF SAVINGS.

☐ CURRENTLY ENROLLED. ☐ CHANGE IN BOND DENOMINATION FROM _____ TO _____

☐ CHANGE IN REGISTRATION.

☐ NOT INTERESTED IN ENROLLING AT THIS TIME.

RETURN THIS CARD TO YOUR DEPARTMENTAL CHAIRMAN AFTER CONTACTING ALL EMPLOYEES ASSIGNED TO YOU.

NOTE: The furnishing of a Social Security number for the owner or first-named coowner of a Bond is required by the regulations governing Savings Bonds, i. e., Department Circular PD Series 3-80. The numbers are used to maintain ownership records of the Bonds. Other information requested by this form is also required under the above regulations to establish the rights, authority and/or entitlement of the signers. Failure to furnish any of the requested information may prevent completion of the transaction. Married women should use their given names, e. g., "Mary L. Smith." If coowner or beneficiary is designated, that individual's Social Security number should also be shown. The use of courtesy titles is optional.

NECC/HP-28807-R

June 1, 1981

